

Preferred Language Documentation Update- Go Live 7.28.26

AT A GLANCE

Preferred Language changes from a drop-down field to an expanded, on-screen single-select list.

CURRENT STATE

The current state form has two main sections: "Preferred Language" and "Accessibility Needs". The "Preferred Language" section contains a drop-down menu with a downward arrow. The "Accessibility Needs" section contains a text field with the value "No Needs Identified" and a dropdown arrow. Below these is a section labeled "Other Language Details" with a text input field. A red arrow points from the "Preferred Language" drop-down to the "Future State" expanded list.

Preferred Language is selected from a drop-down.

FUTURE STATE

The future state form shows the "Preferred Language" section expanded into a list of radio button options. The options are arranged in a grid: English, Spanish, Russian, Sign Language, Akatek, Albanian, Arabic, Burmese, Cantonese, Cherokee, Chinese, Danish, Dutch, French, Gaelic, German, Greek, Gujarati, Hebrew, Hindi, Hmong, Italian, Japanese, Kanjobal, Karen, Kazakh, Korean, Laotian, Malay, Mandarin, Marshallese, Moldavian, Other, Persian, Portuguese, Romanian, Somali, Swedish, Tagalog, Thai, Ukrainian, and Vietnamese. Below the list is a section labeled "Other Language Details" with a text input field.

Preferred Language is selected directly from the expanded list.

WHAT IS CHANGING

- **Preferred Language** is displayed as a visible list of selectable options.
- **Other Language Details** remains available for additional information.

FUTURE-STATE DOCUMENTATION

- 1 Select the patient's preferred language directly from the list.
- 2 When the language is not listed, select "Other" and complete "Other Language Details."

Holding a Heparin Drip: Documentation Guide

Record the hold, add a comment, and document the restart dose at the correct times.

Three documentation steps

Use the dosing calculator and medication record to document the hold and the restart in sequence.

1

DOCUMENT THE HOLD

At the time the drip is held, document the rate as 0.

2

ADD A COMMENT

Add a comment stating: "Heparin drip on hold per Heparin Dosing Calculator."

3

DOCUMENT THE RESTART

When the infusion is restarted, document the new dose at that same time.



Timing matters: enter each value at the time the action occurs.

DOSING CALCULATOR

Review the hold time, restart dose, and next PTT.

Results		
Step	Instructions	Value
1	Hold Infusion For	30 minutes
2	Restart Continuous Infusion Dose At: Order Next PTT	16 units/kg/hr (heparin dosing weight)
3	Collection priority: Timed Nurse collect: No	8 hours

COMMENT

Add a clear note that the drip is on hold.

MEDICATION RECORD

Example: rate documented as 0 during the hold, followed by the new restart dose.

		07/22/2026				07/21/2026		
		12:28 EDT	12:00 EDT	11:30 EDT	11:00 EDT	16:49 EDT	16:48 EDT	13:33 EDT
IV Drips								
Bag			1	1	1			
hePARIN Bolus	mL							
P... Rate	mL/hr		12.32	0	13.86			
hePARIN	unit/kg/hr		16	0	18			



PHARMACY UPDATE

Crushing Medications: Check Before You Crush

Before crushing any medication for PO or enteral-tube administration, check formulation descriptors and MAR comments.



CURRENT ISSUE / WHY IT MATTERS

Crushing medications that should not be crushed may increase or rapidly release the dose and cause harm.

Why is this important: Patient Safety and Institute for Safe Medication Practices (ISMP) compliance.

SOLUTIONS: CHECK BEFORE YOU CRUSH

1



Before crushing: Review MAR comments and administration instructions for PO or enteral-tube meds.

2



Do not crush flagged formulations:

ER or XR = Extended release SR = Sustained release
EC = Enteric coated CD = Controlled release
DR = Delayed release

3



If any descriptor is present: Contact the pharmacist or provider for an adjustment before administration.

4



This abbreviation list is not all-inclusive.

WHEN TO ESCALATE / ASK FOR HELP

- Medication includes ER, XR, SR, EC, CD, or DR



- Crushing is needed for PO or enteral-tube administration



- MAR comments are missing, unclear, or conflict with the order



- Any question or concern: contact pharmacy before crushing



BOTTOM LINE: Check descriptors and MAR comments before crushing - when in doubt, contact pharmacy.



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Cardiology Inpatient Pacemaker and Cardiology OPCU Pacemaker PowerPlan Updates



KEY PRACTICE CHANGE

Nursing Communication will be removed and replaced with Notify Provider/Physician orders.

Updates include:

Provider note added: within Diet and Diagnostic Tests.

Nursing Communication removed: from the affected plans.
Notify Provider/Physician replaces it: use for follow-up.

Diet selections updated: NPO prechecked; Cardiac/Heart Healthy unchecked.

GO-LIVE / PLAN SCOPE

GO LIVE

8/11/26

Affected PowerPlans

- Cardiology Inpatient Pacemaker or ICD Plan (MSJ)
- Cardiology OPCU Pacemaker or ICD Plan (MSJ)

Prothrombin Time/INR (PT/INR)	Stat, Blood, Nurse Collect
Intra-Op POC Testing Subplan (MSJ)	Planned Pen...
PROVIDER: Uncheck EKG order if completed within 30 days	
Notify Physician/Provider	Notify Provider, of EKG completion within 30 days. If no EKG within 30 days, complete EKG upon arrival.
EKG	T;N, Now, Abnormal EKG/Arrhythmia
PROVIDER: Once CXR completed, place diet order	
Notify Physician/Provider	Notify Provider, of CXR report showing no pneumothorax and need for provider diet order
NPO.	
Cardiac/Heart Healthy Diet	Sodium 2gm



BOTTOM LINE: Use updated PowerPlan selections at go-live.



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